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| 1 | CARECORE PROGRAM | Modality | CPT CODE | PROCEDURE DESCRIPTION | HEALTHFIRST CHP/FHPMEDICAID | HEALTHFIRST COMMERCIAL/MEDICARE |
| 2 | RADIOLOGY | MRI | 70336 | MRI TMJ | PA Medical Necessity Review | PA Medical Necessity Review |
| 3 | RADIOLOGY | CT SCANS | 70450 | CT HEAD/BRAIN W/O CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 4 | RADIOLOGY | CT SCANS | 70460 | CT HEAD/BRAIN W/ CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 5 | RADIOLOGY | CT SCANS | 70470 | CT HEAD/BRAIN W/O & W/ CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 6 | RADIOLOGY | CT SCANS | 70480 | CT ORBIT W/O CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 7 | RADIOLOGY | CT SCANS | 70481 | CT ORBIT W/ CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 8 | RADIOLOGY | CT SCANS | 70482 | CT ORBIT W/O & W/ CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 9 | RADIOLOGY | CT SCANS | 70486 | CT MAXLLFCL W/O CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 10 | RADIOLOGY | CT SCANS | 70487 | CT MAXLLFCL W/ CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 11 | RADIOLOGY | CT SCANS | 70488 | CT MAXLLFCL W/O & W/ CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 12 | RADIOLOGY | CT SCANS | 70490 | CT SOFT TISSUE NECK W/O CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 13 | RADIOLOGY | CT SCANS | 70491 | CT SOFT TISSUE NECK W/ CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 14 | RADIOLOGY | CT SCANS | 70492 | CT SOFT TISSUE NECK W/O & W/ CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 15 | RADIOLOGY | CT SCANS | 70496 | CT ANGIOGRAPHY HEAD | PA Medical Necessity Review | PA Medical Necessity Review |
| 16 | RADIOLOGY | CT SCANS | 70498 | CT ANGIOGRAPHY NECK | PA Medical Necessity Review | PA Medical Necessity Review |
| 17 | RADIOLOGY | MRI | 70540 | MRI FACE, ORBIT, NECK W/O CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 18 | RADIOLOGY | MRI | 70542 | MRI FACE, ORBIT, NECK W/ CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 19 | RADIOLOGY | MRI | 70543 | MRI FACE, ORBIT, NECK W & W/O CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 20 | RADIOLOGY | MRA | 70544 | MRA HEAD W/O CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 21 | RADIOLOGY | MRA | 70545 | MRA HEAD W/ CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 22 | RADIOLOGY | MRA | 70546 | MRA HEAD W & W/O CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 23 | RADIOLOGY | MRA | 70547 | MRA NECK W/O CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 24 | RADIOLOGY | MRA | 70548 | MRA NECK W CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 25 | RADIOLOGY | MRA | 70549 | MRA NECK W & W/O CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 26 | RADIOLOGY | MRI | 70551 | MRI HEAD W/O CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 27 | RADIOLOGY | MRI | 70552 | MRI HEAD W/ CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 28 | RADIOLOGY | MRI | 70553 | MRI HEAD W & W/O CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 29 | RADIOLOGY | MRI | 70554 | MRI, BRAIN, FUNCTIONAL MRI: INCLUDING TEST SELECTION AND ADMINISTRATION OF REPETITIVE BODY PART MOVEMENT AND/OR VISUAL STIMULATION, NOT REQUIRING PHYSICIAN OR PSYCHOLOGIST ADMINISTRATION | PA Medical Necessity Review | PA Medical Necessity Review |
| 30 | RADIOLOGY | MRI | 70555 | MRI, BRAIN, FUNCTIONAL MRI: REQUIRING PHYSICIAN OR PSYCHOLOGIST ADMINISTRATION OF ENTIRE NEUROFUNCTIONAL TESTING | PA Medical Necessity Review | PA Medical Necessity Review |
| 31 | RADIOLOGY | CT SCANS | 71250 | CT THORAX W/O CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 32 | RADIOLOGY | CT SCANS | 71260 | CT THORAX W/ CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 33 | RADIOLOGY | CT SCANS | 71270 | CT THORAX W/O & W/ CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 34 | RADIOLOGY | CT SCANS | 71275 | CT ANGIOGRAPHY CHEST, NON-CORONARY | PA Medical Necessity Review | PA Medical Necessity Review |
| 35 | RADIOLOGY | MRI | 71550 | MRI CHEST W/O CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 36 | RADIOLOGY | MRI | 71551 | MRI CHEST W CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 37 | RADIOLOGY | MRI | 71552 | MRI CHEST W & W/O CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 38 | RADIOLOGY | MRA | 71555 | MRA CHEST (EXC MYOCARDIUM) W/ OR W/O CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 39 | RADIOLOGY | CT SCANS | 72125 | CT C SPINE W/O CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 40 | RADIOLOGY | CT SCANS | 72126 | CT C SPINE W/ CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 41 | RADIOLOGY | CT SCANS | 72127 | CT C SPINE W/O & W/ CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 42 | RADIOLOGY | CT SCANS | 72128 | CT T SPINE W/O CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 43 | RADIOLOGY | CT SCANS | 72129 | CT T SPINE W/ CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 44 | RADIOLOGY | CT SCANS | 72130 | CT T SPINE W/O & W/ CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 45 | RADIOLOGY | CT SCANS | 72131 | CT L SPINE W/O CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 46 | RADIOLOGY | CT SCANS | 72132 | CT L SPINE W/ CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 47 | RADIOLOGY | CT SCANS | 72133 | CT L SPINE W/O & W/ CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 48 | RADIOLOGY | MRI | 72141 | MRI CERVICAL SPINE W/O CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 49 | RADIOLOGY | MRI | 72142 | MRI CERVICAL SPINE W/ CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 50 | RADIOLOGY | MRI | 72146 | MRI THORACIC SPINE W/O CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 51 | RADIOLOGY | MRI | 72147 | MRI THORACIC SPINE W/ CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 52 | RADIOLOGY | MRI | 72148 | MRI LUMBAR SPINE W/O CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |

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| 1 | CARECORE PROGRAM | Modality | CPT CODE | PROCEDURE DESCRIPTION | HEALTHFIRST CHP/FHPMEDICAID | HEALTHFIRST COMMERCIAL/MEDICARE |
| 53 | RADIOLOGY | MRI | 72149 | MRI LUMBAR SPINE W/ CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 54 | RADIOLOGY | MRI | 72156 | MRI C SPINE W/ & W/O CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 55 | RADIOLOGY | MRI | 72157 | MRI T SPINE W/ & W/O CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 56 | RADIOLOGY | MRI | 72158 | MRI L SPINE W/ & W/O CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 57 | RADIOLOGY | MRA | 72159 | MRA SPINAL CANAL W/ OR W/O CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 58 | RADIOLOGY | CT SCANS | 72191 | CT ANGIOGRAPHY PELVIS | PA Medical Necessity Review | PA Medical Necessity Review |
| 59 | RADIOLOGY | CT SCANS | 72192 | CT PELVIS W/O CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 60 | RADIOLOGY | CT SCANS | 72193 | CT PELVIS W/ CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 61 | RADIOLOGY | CT SCANS | 72194 | CT PELVIS W/O & W/ CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 62 | RADIOLOGY | MRI | 72195 | MRI PELVIS W/O CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 63 | RADIOLOGY | MRI | 72196 | MRI PELVIS W CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 64 | RADIOLOGY | MRI | 72197 | MRI PELVIS W & W/O CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 65 | RADIOLOGY | MRA | 72198 | MRA PELVIS W/ OR W/O CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 66 | RADIOLOGY | CT SCANS | 73200 | CT UPPER EXTREMITY W/O CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 67 | RADIOLOGY | CT SCANS | 73201 | CT UPPER EXTREMITY W/ CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 68 | RADIOLOGY | CT SCANS | 73202 | CT UPPER EXTREMITY W/O & W/ CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 69 | RADIOLOGY | CT SCANS | 73206 | CT ANGIOGRAPHY UPPER EXTREMITY | PA Medical Necessity Review | PA Medical Necessity Review |
| 70 | RADIOLOGY | MRI | 73218 | MRI UPPER EXTREMITY W/O CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 71 | RADIOLOGY | MRI | 73219 | MRI UPPER EXTREMITY W CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 72 | RADIOLOGY | MRI | 73220 | MRI UPPER EXTREMITY W & W/O CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 73 | RADIOLOGY | MRI | 73221 | MRI UPPER EXTREMITY JOINT W/O CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 74 | RADIOLOGY | MRI | 73222 | MRI UPPER EXTREMITY JOINT W CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 75 | RADIOLOGY | MRI | 73223 | MRI UPPER EXTREMITY JOINT W & W/O CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 76 | RADIOLOGY | MRA | 73225 | MRA UPPER EXTREMITY W/ OR W/O CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 77 | RADIOLOGY | CT SCANS | 73700 | CT LOWER EXTREMITY W/O CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 78 | RADIOLOGY | CT SCANS | 73701 | CT LOWER EXTREMITY W/ CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 79 | RADIOLOGY | CT SCANS | 73702 | CT LOWER EXTREMITY W/O & W/ CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 80 | RADIOLOGY | CT SCANS | 73706 | CT ANGIOGRAPHY LOWER EXTREMITY | PA Medical Necessity Review | PA Medical Necessity Review |
| 81 | RADIOLOGY | MRI | 73718 | MRI LOWER EXTREMITY W/O CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 82 | RADIOLOGY | MRI | 73719 | MRI LOWER EXTREMITY W CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 83 | RADIOLOGY | MRI | 73720 | MRI LOWER EXTREMITY W & W/O CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 84 | RADIOLOGY | MRI | 73721 | MRI LOWER EXTREMITY JOINT W/O CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 85 | RADIOLOGY | MRI | 73722 | MRI LOWER EXTREMITY JOINT W CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 86 | RADIOLOGY | MRI | 73723 | MRI LOWER EXTREMITY JOINT W & W/O CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 87 | RADIOLOGY | MRA | 73725 | MRA LOWER EXTREMITY W/ OR W/O CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 88 | RADIOLOGY | CT SCANS | 74150 | CT ABDOMEN W/O CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 89 | RADIOLOGY | CT SCANS | 74160 | CT ABDOMEN W/ CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 90 | RADIOLOGY | CT SCANS | 74170 | CT ABDOMEN W/O & W/ CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 91 | RADIOLOGY | CT SCANS | 74175 | CT ANGIOGRAPHY ABDOMEN | PA Medical Necessity Review | PA Medical Necessity Review |
| 92 | RADIOLOGY | CT SCANS | 74176 | COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL | PA Medical Necessity Review | PA Medical Necessity Review |
| 93 | RADIOLOGY | CT SCANS | 74177 | COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S) | PA Medical Necessity Review | PA Medical Necessity Review |
| 94 | RADIOLOGY | CT SCANS | 74178 | COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL IN ONE OR BOTH BODY REGIONS, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS IN ONE OR BOTH BODY REGIONS | PA Medical Necessity Review | PA Medical Necessity Review |
| 95 | RADIOLOGY | MRI | 74181 | MRI ABDOMEN W/O CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 96 | RADIOLOGY | MRI | 74182 | MRI ABDOMEN W CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 97 | RADIOLOGY | MRI | 74183 | MRI ABDOMEN W & W/O CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 98 | RADIOLOGY | MRA | 74185 | MRA ABDOMEN W/ OR W/O CONTRAST | PA Medical Necessity Review | PA Medical Necessity Review |
| 99 | RADIOLOGY | CT SCANS | 74261 | COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTPROCESSING; WITHOUT CONTRAST MATERIAL | PA Medical Necessity Review | PA Medical Necessity Review |
| 100 | RADIOLOGY | CT SCANS | 74262 | COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTPROCESSING; WITH CONTRAST MATERIAL (S) INCLUDING NON-CONTRAST IMAGES, IF PERFORMED | PA Medical Necessity Review | PA Medical Necessity Review |
| 101 | RADIOLOGY | CT SCANS | 74263 | COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, SCREENING, INCLUDING IMAGE POSTPROCESSING | PA Medical Necessity Review | PA Medical Necessity Review |

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| 1 | CARECORE PROGRAM | Modality | CPT CODE | PROCEDURE DESCRIPTION | HEALTHFIRST CHP/FHPMEDICAID | HEALTHFIRST COMMERCIAL/MEDICARE |
| 102 | RADIOLOGY | MRI | 75557 | CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL | PA Medical Necessity Review | PA Medical Necessity Review |
| 103 | RADIOLOGY | MRI | 75559 | CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL- WITH STRESS IMAGING | PA Medical Necessity Review | PA Medical Necessity Review |
| 104 | RADIOLOGY | MRI | 75561 | CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES | PA Medical Necessity Review | PA Medical Necessity Review |
| 105 | RADIOLOGY | MRI | 75563 | CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES- WITH STRESS IMAGING | PA Medical Necessity Review | PA Medical Necessity Review |
| 106 | RADIOLOGY | CT SCANS | 75571 | COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUANTITATIVE EVALUATION OF CORONARY CALCIUM | PA Medical Necessity Review | PA Medical Necessity Review |
| 107 | RADIOLOGY | CT SCANS | 75572 | CARDIAC CT FOR MORPHOLOGY | PA Medical Necessity Review | PA Medical Necessity Review |
| 108 | RADIOLOGY | CT SCANS | 75573 | CARDIAC CT FOR CONGENITAL HD | PA Medical Necessity Review | PA Medical Necessity Review |
| 109 | RADIOLOGY | CT SCANS | 75574 | CORONARY CTA | PA Medical Necessity Review | PA Medical Necessity Review |
| 110 | RADIOLOGY | CT SCANS | 75635 | CT ANGIOGRAPHY ABDOMINAL AORTA | PA Medical Necessity Review | PA Medical Necessity Review |
| 111 | RADIOLOGY | CT SCANS | 76376 | 3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND, OR OTHER TOMOGRAPHIC MODALITY; NOT REQUIRING IMAGE POSTPROCESSING ON AN INDEPENDENT WORKSTATION | PA Medical Necessity Review | PA Medical Necessity Review |
| 112 | RADIOLOGY | CT SCANS | 76377 | 3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND, OR OTHER TOMOGRAPHIC MODALITY; REQUIRING IMAGE POSTPROCESSING ON AN INDEPENDENT WORKSTATION | PA Medical Necessity Review | PA Medical Necessity Review |
| 113 | RADIOLOGY | CT SCANS | 76380 | CT LIMITED OR LOCALIZED FOLLOW-UP STUDY | PA Medical Necessity Review | PA Medical Necessity Review |
| 114 | RADIOLOGY | MRI | 76390 | MRI SPECTROSCOPY | PA Medical Necessity Review | Investigational |
| 115 | RADIOLOGY | ULTRASOUND | 76828 | FOLLOW UP OR REPEAT STUDY | PA Medical Necessity Review | PA Medical Necessity Review |
| 116 | RADIOLOGY | ULTRASOUND | 76975 | U/S GASTROINTESTINAL, ENDOSCOPIC | PA Medical Necessity Review | PA Medical Necessity Review |
| 117 | RADIOLOGY | MRI | 77021 | MRI GUIDANCE FOR NEEDLE PLACEMENT | PA Medical Necessity Review | PA Medical Necessity Review |
| 118 | RADIOLOGY | MRI | 77058 | MRI BREAST W/ AND/OR W/O CONTRAST; UNILATERAL | PA Medical Necessity Review | PA Medical Necessity Review |
| 119 | RADIOLOGY | MRI | 77059 | MRI BREAST BILATERAL | PA Medical Necessity Review | PA Medical Necessity Review |
| 120 | RADIOLOGY | MRI | 77084 | MRI BONE MARROW BLOOD SUPPLY | PA Medical Necessity Review | PA Medical Necessity Review |
| 121 | RADIOLOGY | NUCLEAR MED | 78000 | THYROID RAI UPTAKE | PA Medical Necessity Review | PA Medical Necessity Review |
| 122 | RADIOLOGY | NUCLEAR MED | 78001 | THYROID MULTIPLE UPTAKE | PA Medical Necessity Review | PA Medical Necessity Review |
| 123 | RADIOLOGY | NUCLEAR MED | 78003 | THYROID SUPPRESS OR STIMULATION | PA Medical Necessity Review | PA Medical Necessity Review |
| 124 | RADIOLOGY | NUCLEAR MED | 78006 | THYROID UPTAKE AND SCAN | PA Medical Necessity Review | PA Medical Necessity Review |
| 125 | RADIOLOGY | NUCLEAR MED | 78007 | THYROID IMAGE, MULTIPLE UPTAKES | PA Medical Necessity Review | PA Medical Necessity Review |
| 126 | RADIOLOGY | NUCLEAR MED | 78010 | THYROID SCAN ONLY | PA Medical Necessity Review | PA Medical Necessity Review |
| 127 | RADIOLOGY | NUCLEAR MED | 78011 | THYROID IMAGING W FLOW | PA Medical Necessity Review | PA Medical Necessity Review |
| 128 | RADIOLOGY | NUCLEAR MED | 78015 | THYROID MET IMAGING | PA Medical Necessity Review | PA Medical Necessity Review |
| 129 | RADIOLOGY | NUCLEAR MED | 78016 | THYROID MET IMAGING WITH ADDITIONAL STUDIES | PA Medical Necessity Review | PA Medical Necessity Review |
| 130 | RADIOLOGY | NUCLEAR MED | 78018 | THYROID SCAN WHOLE BODY | PA Medical Necessity Review | PA Medical Necessity Review |
| 131 | RADIOLOGY | NUCLEAR MED | 78020 | THYROID CARCINOMA METASTASES UPTAKE (add on code - use w/ code 78018 only) | PA Medical Necessity Review | PA Medical Necessity Review |
| 132 | RADIOLOGY | NUCLEAR MED | 78070 | PARATHYROID NUCLEAR IMAGING | PA Medical Necessity Review | PA Medical Necessity Review |
| 133 | RADIOLOGY | NUCLEAR MED | 78075 | ADRENAL NUCLEAR IMAGING | PA Medical Necessity Review | PA Medical Necessity Review |
| 134 | RADIOLOGY | NUCLEAR MED | 78102 | BONE MARROW IMAGING, LIMITED | PA Medical Necessity Review | PA Medical Necessity Review |
| 135 | RADIOLOGY | NUCLEAR MED | 78103 | BONE MARROW IMAGING, MULTIPLE | PA Medical Necessity Review | PA Medical Necessity Review |
| 136 | RADIOLOGY | NUCLEAR MED | 78104 | BONE MARROW IMAGING, WHOLE BODY | PA Medical Necessity Review | PA Medical Necessity Review |
| 137 | RADIOLOGY | NUCLEAR MED | 78185 | SPLEEN IMAGING W/WO VASCULAR FLOW | PA Medical Necessity Review | PA Medical Necessity Review |
| 138 | RADIOLOGY | NUCLEAR MED | 78195 | LYMPH SYSTEM IMAGING | PA Medical Necessity Review | PA Medical Necessity Review |
| 139 | RADIOLOGY | NUCLEAR MED | 78201 | LIVER IMAGING | PA Medical Necessity Review | PA Medical Necessity Review |
| 140 | RADIOLOGY | NUCLEAR MED | 78202 | LIVER IMAGING W FLOW | PA Medical Necessity Review | PA Medical Necessity Review |
| 141 | RADIOLOGY | NUCLEAR MED | 78205 | LIVER IMAGING SPECT | PA Medical Necessity Review | PA Medical Necessity Review |
| 142 | RADIOLOGY | NUCLEAR MED | 78206 | LIVER IMAGING SPECT W VASCULAR FLOW | PA Medical Necessity Review | PA Medical Necessity Review |
| 143 | RADIOLOGY | NUCLEAR MED | 78215 | LIVER AND SPLEEN IMAGING | PA Medical Necessity Review | PA Medical Necessity Review |
| 144 | RADIOLOGY | NUCLEAR MED | 78216 | LIVER AND SPLEEN IMAGING W FLOW | PA Medical Necessity Review | PA Medical Necessity Review |
| 145 | RADIOLOGY | NUCLEAR MED | 78220 | LIVER FUNCTION STUDY | PA Medical Necessity Review | PA Medical Necessity Review |
| 146 | RADIOLOGY | NUCLEAR MED | 78223 | HIDA SCAN | PA Medical Necessity Review | PA Medical Necessity Review |

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| 1 | CARECORE PROGRAM | Modality | CPT CODE | PROCEDURE DESCRIPTION | HEALTHFIRST CHP/FHPMEDICAID | HEALTHFIRST COMMERCIAL/MEDICARE |
| 147 | RADIOLOGY | NUCLEAR MED | 78230 | SALIVARY GLAND IMAGING | PA Medical Necessity Review | PA Medical Necessity Review |
| 148 | RADIOLOGY | NUCLEAR MED | 78231 | SERIAL SALIVARY GLAND | PA Medical Necessity Review | PA Medical Necessity Review |
| 149 | RADIOLOGY | NUCLEAR MED | 78232 | SALIVARY GLAND FUNCTION TEST | PA Medical Necessity Review | PA Medical Necessity Review |
| 150 | RADIOLOGY | NUCLEAR MED | 78258 | ESOPHAGUS MOTILITY STUDY | PA Medical Necessity Review | PA Medical Necessity Review |
| 151 | RADIOLOGY | NUCLEAR MED | 78261 | GASTRIC MUCOSA IMAGING | PA Medical Necessity Review | PA Medical Necessity Review |
| 152 | RADIOLOGY | NUCLEAR MED | 78262 | GASTROESOPHAGAEAL REFLUX EXAM | PA Medical Necessity Review | PA Medical Necessity Review |
| 153 | RADIOLOGY | NUCLEAR MED | 78264 | GASTRIC EMPTYING STUDY | PA Medical Necessity Review | PA Medical Necessity Review |
| 154 | RADIOLOGY | NUCLEAR MED | 78278 | GI BLEEDER SCAN | PA Medical Necessity Review | PA Medical Necessity Review |
| 155 | RADIOLOGY | NUCLEAR MED | 78282 | GI PROTEIN LOSS EXAM | PA Medical Necessity Review | PA Medical Necessity Review |
| 156 | RADIOLOGY | NUCLEAR MED | 78290 | MECKEL'S DIVERTICULUM IMAGING | PA Medical Necessity Review | PA Medical Necessity Review |
| 157 | RADIOLOGY | NUCLEAR MED | 78291 | LEVEEN SHUNT PATENCY EXAM | PA Medical Necessity Review | PA Medical Necessity Review |
| 158 | RADIOLOGY | NUCLEAR MED | 78300 | BONE OR JOINT IMAGING LTD | PA Medical Necessity Review | PA Medical Necessity Review |
| 159 | RADIOLOGY | NUCLEAR MED | 78305 | BONE OR JOINT IMAGING MULTIPLE | PA Medical Necessity Review | PA Medical Necessity Review |
| 160 | RADIOLOGY | NUCLEAR MED | 78306 | BONE SCAN WHOLE BODY | PA Medical Necessity Review | PA Medical Necessity Review |
| 161 | RADIOLOGY | NUCLEAR MED | 78315 | BONE AND/OR JOINT IMAGING; 3 PHASE STUDY | PA Medical Necessity Review | PA Medical Necessity Review |
| 162 | RADIOLOGY | NUCLEAR MED | 78320 | BONE JOINT IMAGING TOMO TEST SPECT | PA Medical Necessity Review | PA Medical Necessity Review |
| 163 | RADIOLOGY | NUCLEAR MED | 78414 | NON-IMAGING HEART FUNCTION | PA Medical Necessity Review | PA Medical Necessity Review |
| 164 | RADIOLOGY | NUCLEAR MED | 78428 | CARDIAC SHUNT IMAGING | PA Medical Necessity Review | PA Medical Necessity Review |
| 165 | RADIOLOGY | NUCLEAR MED | 78445 | RADIONUCLIDE VENOGRAM NON-CARDIAC | PA Medical Necessity Review | PA Medical Necessity Review |
| 166 | RADIOLOGY | NUCLEAR MED | 78451 | MPI, SPECT, SINGLE REST OR STRESS | PA Medical Necessity Review | PA Medical Necessity Review |
| 167 | RADIOLOGY | NUCLEAR MED | 78452 | MPI, SPECT, MULTIPLE, REST OR STRESS | PA Medical Necessity Review | PA Medical Necessity Review |
| 168 | RADIOLOGY | NUCLEAR MED | 78453 | MPI, PLANAR, SINGLE REST OR STRESS | PA Medical Necessity Review | PA Medical Necessity Review |
| 169 | RADIOLOGY | NUCLEAR MED | 78454 | MPI, PLANAR, MULTIPLE, REST OR STRESS | PA Medical Necessity Review | PA Medical Necessity Review |
| 170 | RADIOLOGY | NUCLEAR MED | 78456 | ACUTE VENOUS THROMBOSIS IMAGING | PA Medical Necessity Review | PA Medical Necessity Review |
| 171 | RADIOLOGY | NUCLEAR MED | 78457 | VENOUS THROMBOSIS IMAGING UNILATERAL | PA Medical Necessity Review | PA Medical Necessity Review |
| 172 | RADIOLOGY | NUCLEAR MED | 78458 | VENOUS THROMBOSIS IMAGING BILATERAL | PA Medical Necessity Review | PA Medical Necessity Review |
| 173 | RADIOLOGY | PET SCANS | 78459 | MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET) METABOLIC EVAL. | PA Medical Necessity Review | PA Medical Necessity Review |
| 174 | RADIOLOGY | NUCLEAR MED | 78466 | MYOCARDIAL INFARCTION SCAN | PA Medical Necessity Review | PA Medical Necessity Review |
| 175 | RADIOLOGY | NUCLEAR MED | 78468 | HEART INFARCT IMAGE EF | PA Medical Necessity Review | PA Medical Necessity Review |
| 176 | RADIOLOGY | NUCLEAR MED | 78469 | HEART INFARCT IMAGE SPECT | PA Medical Necessity Review | PA Medical Necessity Review |
| 177 | RADIOLOGY | NUCLEAR MED | 78472 | GATED HEART, REST OR STRESS | PA Medical Necessity Review | PA Medical Necessity Review |
| 178 | RADIOLOGY | NUCLEAR MED | 78473 | CARDIAC BLOOD POOL MUGA SCAN | PA Medical Necessity Review | PA Medical Necessity Review |
| 179 | RADIOLOGY | NUCLEAR MED | 78481 | HEART FIRST PASS SINGLE | PA Medical Necessity Review | PA Medical Necessity Review |
| 180 | RADIOLOGY | NUCLEAR MED | 78483 | CARDIAC BLOOD POOL IMAGING, MULTI | PA Medical Necessity Review | PA Medical Necessity Review |
| 181 | RADIOLOGY | PET SCANS | 78491 | MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; SINGLE STUDY AT REST OR STRESS | PA Medical Necessity Review | PA Medical Necessity Review |
| 182 | RADIOLOGY | PET SCANS | 78492 | MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; MULTIPLE STUDIES AT REST OR STRESS | PA Medical Necessity Review | PA Medical Necessity Review |
| 183 | RADIOLOGY | NUCLEAR MED | 78494 | CARDIAC BLOOD POOL IMAGING, SPECT | PA Medical Necessity Review | PA Medical Necessity Review |
| 184 | RADIOLOGY | NUCLEAR MED | 78496 | CARDIAC BLOOD POOL IMAGING, SINGLE AT REST (Use with 78472) | PA Medical Necessity Review | PA Medical Necessity Review |
| 185 | RADIOLOGY | NUCLEAR MED | 78580 | PULMONARY PERFUSION IMAGING | PA Medical Necessity Review | PA Medical Necessity Review |
| 186 | RADIOLOGY | NUCLEAR MED | 78584 | PULMONARY PERFUSION WITH VENT SINGLE BREATH | PA Medical Necessity Review | PA Medical Necessity Review |
| 187 | RADIOLOGY | NUCLEAR MED | 78585 | PULMONARY PERFUSION W/WASHOUT OR W/O SINGLE BREATH | PA Medical Necessity Review | PA Medical Necessity Review |
| 188 | RADIOLOGY | NUCLEAR MED | 78586 | PULMONARY VENTILATION IMAGING | PA Medical Necessity Review | PA Medical Necessity Review |
| 189 | RADIOLOGY | NUCLEAR MED | 78587 | PULMONARY VENTILATION MULTI | PA Medical Necessity Review | PA Medical Necessity Review |
| 190 | RADIOLOGY | NUCLEAR MED | 78588 | PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION IMAGING, AEROSOL, 1 OR MULTIPLE PROJECTIONS | PA Medical Necessity Review | PA Medical Necessity Review |
| 191 | RADIOLOGY | NUCLEAR MED | 78591 | VENT IMAGE 1 BREATH, 1 PROJECTION | PA Medical Necessity Review | PA Medical Necessity Review |
| 192 | RADIOLOGY | NUCLEAR MED | 78593 | VENT IMAGE 1 PROJECTION, GAS | PA Medical Necessity Review | PA Medical Necessity Review |
| 193 | RADIOLOGY | NUCLEAR MED | 78594 | VENT IMAGE MULTI PROJECTION, GAS | PA Medical Necessity Review | PA Medical Necessity Review |
| 194 | RADIOLOGY | NUCLEAR MED | 78596 | LUNG DIFFERENTIAL FUNCTION | PA Medical Necessity Review | PA Medical Necessity Review |
| 195 | RADIOLOGY | NUCLEAR MED | 78600 | BRAIN IMAGING LTD STATIC | PA Medical Necessity Review | PA Medical Necessity Review |
| 196 | RADIOLOGY | NUCLEAR MED | 78601 | BRAIN LTD IMAGING AND FLOW | PA Medical Necessity Review | PA Medical Necessity Review |
| 197 | RADIOLOGY | NUCLEAR MED | 78605 | BRAIN IMAGING COMPLETE | PA Medical Necessity Review | PA Medical Necessity Review |

| | A | B | C | D | E | F |
|-----|------------------|-------------|----------|---|-----------------------------|---------------------------------|
| 1 | CARECORE PROGRAM | Modality | CPT CODE | PROCEDURE DESCRIPTION | HEALTHFIRST CHP/FHPMEDICAID | HEALTHFIRST COMMERCIAL/MEDICARE |
| 198 | RADIOLOGY | NUCLEAR MED | 78606 | BRAIN IMAGING COMPLETE W FLOW | PA Medical Necessity Review | PA Medical Necessity Review |
| 199 | RADIOLOGY | NUCLEAR MED | 78607 | BRAIN IMAGING SPECT | PA Medical Necessity Review | PA Medical Necessity Review |
| 200 | RADIOLOGY | PET SCANS | 78608 | BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET) METABOLIC EVALUATION | PA Medical Necessity Review | PA Medical Necessity Review |
| 201 | RADIOLOGY | PET SCANS | 78609 | BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET) , PERFUSION EVALUATION | Investigational | PA Medical Necessity Review |
| 202 | RADIOLOGY | NUCLEAR MED | 78610 | BRAIN FLOW IMAGING ONLY | PA Medical Necessity Review | PA Medical Necessity Review |
| 203 | RADIOLOGY | NUCLEAR MED | 78630 | CISTERNOGRAM (Cerebrospinal Fluid Flow) | PA Medical Necessity Review | PA Medical Necessity Review |
| 204 | RADIOLOGY | NUCLEAR MED | 78635 | CEREBROSPINAL VENTRICULOGRAPHY | PA Medical Necessity Review | PA Medical Necessity Review |
| 205 | RADIOLOGY | NUCLEAR MED | 78645 | CSF SHUNT EVALUATION | PA Medical Necessity Review | PA Medical Necessity Review |
| 206 | RADIOLOGY | NUCLEAR MED | 78647 | CEREBROSPINAL FLUID SCAN SPECT | PA Medical Necessity Review | PA Medical Necessity Review |
| 207 | RADIOLOGY | NUCLEAR MED | 78650 | CSF LEAKAGE DETECTION AND LOCALIZATION | PA Medical Necessity Review | PA Medical Necessity Review |
| 208 | RADIOLOGY | NUCLEAR MED | 78660 | RADIOPHARMACEUTICAL DACRYOCYSTORGRAPHY | PA Medical Necessity Review | PA Medical Necessity Review |
| 209 | RADIOLOGY | NUCLEAR MED | 78700 | KIDNEY IMAGING MORPHOLOGY | PA Medical Necessity Review | PA Medical Necessity Review |
| 210 | RADIOLOGY | NUCLEAR MED | 78701 | KIDNEY IMAGING MORPHOLOGY W VASCULAR FLOW | PA Medical Necessity Review | PA Medical Necessity Review |
| 211 | RADIOLOGY | NUCLEAR MED | 78707 | KIDNEY IMAGING MORPHOLOGY W VASCULAR FLOW AND FUNCTION STUDY | PA Medical Necessity Review | PA Medical Necessity Review |
| 212 | RADIOLOGY | NUCLEAR MED | 78708 | KIDNEY IMAGING MORPHOLOGY W VASCULAR FLOW AND FUNCTION, SINGLE W PHARM INTERVENTION | PA Medical Necessity Review | PA Medical Necessity Review |
| 213 | RADIOLOGY | NUCLEAR MED | 78709 | KIDNEY IMAGING MORPHOLOGY W VASCULAR FLOW, MULTI, W/O AND W PHARM INTERVENTION | PA Medical Necessity Review | PA Medical Necessity Review |
| 214 | RADIOLOGY | NUCLEAR MED | 78710 | KIDNEY IMAGING, SPECT | PA Medical Necessity Review | PA Medical Necessity Review |
| 215 | RADIOLOGY | NUCLEAR MED | 78725 | KIDNEY FUNCTION STUDY, NON-IMAGE RADIOISOTROPIC | PA Medical Necessity Review | PA Medical Necessity Review |
| 216 | RADIOLOGY | NUCLEAR MED | 78730 | URINARY BLADDER RESIDUAL STUDY | PA Medical Necessity Review | PA Medical Necessity Review |
| 217 | RADIOLOGY | NUCLEAR MED | 78740 | URETERAL REFLUX STUDY | PA Medical Necessity Review | PA Medical Necessity Review |
| 218 | RADIOLOGY | NUCLEAR MED | 78761 | TESTICULAR IMAGING W VASCULAR FLOW | PA Medical Necessity Review | PA Medical Necessity Review |
| 219 | RADIOLOGY | NUCLEAR MED | 78800 | RADIOPHARM LOCALIZATION OF TUMOR, LIMITED AREA | PA Medical Necessity Review | PA Medical Necessity Review |
| 220 | RADIOLOGY | NUCLEAR MED | 78801 | RADIOPHARM LOCALIZATION OF TUMOR, MULTI AREAS | PA Medical Necessity Review | PA Medical Necessity Review |
| 221 | RADIOLOGY | NUCLEAR MED | 78802 | RADIOPHARM LOCALIZATION OF TUMOR, WHOLE BODY | PA Medical Necessity Review | PA Medical Necessity Review |
| 222 | RADIOLOGY | NUCLEAR MED | 78803 | RADIOPHARM LOCALIZATION OF TUMOR, SPECT | PA Medical Necessity Review | PA Medical Necessity Review |
| 223 | RADIOLOGY | NUCLEAR MED | 78804 | RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S); WHOLE BODY, REQUIRING 2 OR MORE DAYS IMAGING | PA Medical Necessity Review | PA Medical Necessity Review |
| 224 | RADIOLOGY | NUCLEAR MED | 78805 | RADIOPHARM LOCALIZATION OF ABSCESS, LIMITED AREA | PA Medical Necessity Review | PA Medical Necessity Review |
| 225 | RADIOLOGY | NUCLEAR MED | 78806 | RADIOPHARM LOCALIZATION OF ABSCESS, WHOLE BODY | PA Medical Necessity Review | PA Medical Necessity Review |
| 226 | RADIOLOGY | NUCLEAR MED | 78807 | RADIOPHARM LOCALIZATION OF ABSCESS, SPECT | PA Medical Necessity Review | PA Medical Necessity Review |
| 227 | RADIOLOGY | PET SCANS | 78811 | POSITRON EMISSION TOMOGRAPHY (PET) IMAGING; LIMITED AREA (EG, CHEST, HEAD/NECK) | PA Medical Necessity Review | PA Medical Necessity Review |
| 228 | RADIOLOGY | PET SCANS | 78812 | POSITRON EMISSION TOMOGRAPHY (PET) IMAGING; SKULL BASE TO MID-THIGH | PA Medical Necessity Review | PA Medical Necessity Review |
| 229 | RADIOLOGY | PET SCANS | 78813 | POSITRON EMISSION TOMOGRAPHY (PET) IMAGING; WHOLE BODY | PA Medical Necessity Review | PA Medical Necessity Review |
| 230 | RADIOLOGY | PET SCANS | 78814 | POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTER TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING; LIMITED AREA (EG CHEST, HEAD/NECK) | PA Medical Necessity Review | PA Medical Necessity Review |
| 231 | RADIOLOGY | PET SCANS | 78815 | POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTER TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING; SKULL BASE TO MID-THIGH | PA Medical Necessity Review | PA Medical Necessity Review |
| 232 | RADIOLOGY | PET SCANS | 78816 | POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTER TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING; WHOLE BODY | PA Medical Necessity Review | PA Medical Necessity Review |